

WFF Cards
3201 N 4th Ave
Sioux Falls, SD 57104

Village of Melrose Park
PO Box 1506
Melrose Park, IL 60160

Affirmative Premium Finance
7163 Florida Blvd
Baton Rouge, LA 70806

AmTrust North America
P.O. Box 105074
Atlanta, AA 30348-5074

Armour System
1700 Kiefer Dr., Ste 1
Zion, IL 60099

Assoc for Family Dentistry Chgo
183 S. Bloomingdale RD, Ste 3
Bloomingdale, IL 60108-1466

BAC Home Loans Servicing fka Countrywide
c/o Fisher and Shapiro, Attorneys
2121 Waukegan Rd, Suite 301
Bannockburn, IL 60015
tel 847-291-1717

Bank of America
PO Box 961129
Fort Worth, TX 96161

Bank of America
4161 Piedmont Pkwy
Greensboro, NC 27410

Document Page 2 of 88
Blatt, Hassenmiller attorneys
125 S. Wacker Dr., Suite 400
Chicago, IL 60606

Cap One
PO Box 85520
Richmond, VA 23285

Capital One Bank (USA) NA
c/o Blatt, Hassenmiller Attorneys
125 S. Wacker Dr., Suite 400
Chicago, IL 60606-4440

Capital One Services Inc.
PO Box 30278
Salt Lake City, UT 84130-0278

CB/Harlam Furn
PO Box 182789
Columbus, OH 43218

CCR Services
6100 Channingway Boulevard # 606
Columbus, OH 43232

Chase
P.O. Box 15298
Wilmington, DE 19850

Chase
PO Box 15298
Wilmington, DE 19850

Chase Manhattan Mortgage
PO Box 24696
Columbus, OH 43224

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Christine Matzke
102 Marion Ave
Twin Lakes, WI 53181

City of Chicago
Linebarger Goggan Blair & Sampson
PO Box 06152
Chicago, IL 60606-0152

Comcast
P.O. Box 3002
South Eastern, PA 19398-3002

ComEd
P.O. Box 6111
Carol Stream, IL 60197

Comenity Bank / Value City
PO Box 182273

Commercial Rcvys Sys
8035 E. RL Thornton
Dallass, TX 75228

Cook County Dept of Revenue
Non-retailer Use Tax
26335 Network Place
Chicago, IL 60673

Baker & Miller, Attorney

29 N. Wacker Drive, Suite 500
Chicago, IL 60606

CVF Consumer Acquisition
c/o Baker & Miller
29 N. Wacker Drive, Suite 500
Chicago, IL 60606

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Delnor Hospital
300 Randall Rd.
Geneva, IL 60134

Diversified Services Group
1824 W. Grand Ave, Ste 200
Chicago, IL 60622

Educational Job Training DBA
PO Box 1246
San Ramon, CA 94583-6246

Financial Recovery Services
PO Box 1246
San Ramon, CA 94583-6246

EMS LLC
PO Box 870292
Kansas City, MO 64187-0292

Fisher and Shapiro
Attorneys
2121 Waukegan Road, Suite 301
Bannockburn, IL 60015

flagstar Bank
5151 Corporate Dr
Troy, MI 48098

GECRB/ABT
PO Box 981439
El Paso, TX 79998

GECRB/JCP
PO Box 984100
El Paso, TX 79998

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Geneva Fire Department
200 East Side Drive
Geneva, IL 60134

GlenOaks Hospital
PO Box 1965
Southgate, MI 48195-0965

GOODYR/CBNA
PO Box 6497
Sioux Falls, SD 57117

Gottlieb Memorial Hospital
PO Box 74867
Chicago, IL 60694-4867

Harlem Furniture aka The RoomPlace
2525 N. Harlem
Chicago, IL 60707

Heller and Frisone LTD, Attorney
33 N. LaSalle St., Ste 1200
Chicago, IL 60602

HR/Bestbuy
P.O. Box 6985
Bridgewater, NY

HSBC / BESTBUY
PO Box 5253
Carol Stream, IL 60197

HSBC BANK
PO Box 5253
Carol Stream, IL 60197

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I C System Inc.
PO Box 64378
Saint Paul, MN 55164

I.C. System, Inc.
444 Highway 96 East
PO Box 64437
St. Paul, MN 55164-0437

Illinois Dept of Healthcare
509 S. 6th St.
Springfield, IL 62701

Illinois Emergency Medicine
PO Box 366
Hinsdale, IL 60522

Loyola University Medical Center
PO Box 3266
Milwaukee, WI 53201-3266

LVNV Funding Inc.
PO Box 10497
Greenville, SC 29603

LVNV Funding LLC
PO Box 390846
Minneapolis, MN 55439

Northland Group Inc.
PO Box 390846
Minneapolis, MN 55439

Mark's Quality Landscaping
1639 N. 23rd Ave
Melrose Park, IL 60160

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Medallion Construction Inc.
112 Glenridge Land
Schaumburg, IL 60193

Medicredit Inc.
PO Box 411187
St. Louis, MO 63141

Merchants Credit Guide Co
Executive Offices
223 W. Jackson Blvd, #700
Chicago, IL 60606

Nicor
PO Box 5407
Carol Stream, IL 60197

Northwest Collectors
3601 W. Algonquin Rd
Rolling Meadows, IL 60008

Northwest Collectors Inc.
3601 Algonquin Road, Suite 232
Rolling Meadows, IL 60008-3106

Northwest Financial
3620 Frederick Ave
St. Joseph, MO 64506

Page1 Search
PO Box 36115
Richmond, VA 23235

Pinacle Credit Service
7900 Highway 7 #100
Stint Louis Park, MN 55426

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Pro Collect
12170 Abrams Rd., Ste 100
Dallas, TX 75243

Racine County Child Support Dept
818 Sixth St., Suite 2
Racine, WI 53403

Robert J. Baratk
Attorney at Law
420 Main Street
Racine, WI 53403

Rush Copley Medical Center
PO Box 12619
Chicago, IL 60612-0619

Shapiro Kreisman & Assoc
2121 Waukegan Rd, Suite 301
Bannockburn, IL 60015

SLS - Specialized Loan Servicing LLC
8742 Lucent Boulevard, Suite 300
Highland Ranch, CO 80129

Standard Guaranty Insurance Co
PO Box 50355
Atlanta, GA 30302

State Collection Service
2509 S. Stoughton Rd.
Madison, WI 53716

Target N.B.
PO Box 673
Minneapolis, MN 55440

THD/CBNA
PO Box 6497
Sioux Falls, SD 57117

Union Workers Credit Union
1327 Empire Central, Suite 130
Dallas, TX 75247

URO Partners
3183 Paysphere Circle
Chicago, IL 60674

Village of Bellwod
Photo Enforcement Program
75 Remittance Dr, Ste 6658
Chicago, IL 60675-6658

Village of Bellwod / MSCI
Photo Enforcement Program
75 Remittance Dr, Ste 6658
Chicago, IL 60675-6658

Village of Lyons
4200 Lawndale Avenue
Lyons, IL 60534

Village of Melrose Park
PO Box 1506
Melrose Park, IL 60160

Wells Fargo Bank NA
PO Box 3908
Portland, OR 97208

Weltman

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Weltman, Weinbert & Reis Co
323 W. Lakeside, Ste 200
Cleveland, OH 44113-1009

WF Finance
589 N. York Rd
Elmhurst, IL 60126

WF Financial
2501 Seaport Dr. Ste BH30
Chester, PA 19013

WFDS/WDS
PO Box 1697
Winterville, NC 28590

Wisconsin Dept Children & Families
WI SCTF
Box 07914
Milwaukee, WI 53207

World Financial Network NA
323 W. Lakeside Ave, Ste 200
Cleveland, OH 44113-1009

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In Re:
Tony DePinto

Bankruptcy Case Number: _____

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: _____

The above named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: 11/18/2015

s/ Tony DePinto
Tony DePinto

Debtor

United States Bankruptcy Court Northern District of Illinois Eastern Division						Voluntary Petition					
Name of Debtor (if individual, enter Last, First, Middle): DePinto, Tony,						Name of Joint Debtor (Spouse) (Last, First, Middle):					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):						All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): 0968						Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all):					
Street Address of Debtor (No. & Street, City, and State): 710 Maple Lane Geneva, IL						Street Address of Joint Debtor (No. & Street, City, and State):					
<div style="border: 1px solid black; float: right; width: 150px; text-align: center;"> ZIP CODE 60134 </div>						<div style="border: 1px solid black; float: right; width: 150px; text-align: center;"> ZIP CODE </div>					
County of Residence or of the Principal Place of Business: Kane						County of Residence or of the Principal Place of Business:					
Mailing Address of Debtor (if different from street address):						Mailing Address of Joint Debtor (if different from street address):					
<div style="border: 1px solid black; float: right; width: 150px; text-align: center;"> ZIP CODE </div>						<div style="border: 1px solid black; float: right; width: 150px; text-align: center;"> ZIP CODE </div>					
Location of Principal Assets of Business Debtor (if different from street address above):											
<div style="border: 1px solid black; float: right; width: 150px; text-align: center;"> ZIP CODE </div>											
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div>				Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <div style="border-top: 1px solid black; padding-top: 5px;"> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.) </div>				Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 </div> <div style="width: 48%;"> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div>			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <div style="border-top: 1px dashed black; margin-top: 5px;"></div> Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).							
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.										THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input checked="" type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> </div>											
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">1-49</div> <div style="width: 10%;">50-99</div> <div style="width: 10%;">100-199</div> <div style="width: 10%;">200-999</div> <div style="width: 10%;">1,000-5,000</div> <div style="width: 10%;">5,001-10,000</div> <div style="width: 10%;">10,001-25,000</div> <div style="width: 10%;">25,001-50,000</div> <div style="width: 10%;">50,001-100,000</div> <div style="width: 10%;">Over 100,000</div> </div>											
Estimated Assets <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"><input checked="" type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> </div>											
Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input checked="" type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> <div style="width: 10%;"><input type="checkbox"/></div> </div>											

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Document <div> <div>Page 13 of 88</div> <div>Name of Debtor(s): Tony DePinto</div> </div>	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: NONE		Case Number:	
Location Where Filed:		Case Number:	
Date Filed:		Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE		Case Number:	
District:		Relationship:	
Judge:		Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div> <div> <div>X</div> <div> <div>Signature of Attorney for Debtor(s)</div> <div>James A. Kamide</div> </div> </div> <div> <div>11/18/2015</div> <div>Date</div> </div> </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box) <div> <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. </div>			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <div> <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following). <div> <div>(Name of landlord that obtained judgment)</div> <div>(Address of landlord)</div> </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). </div>			

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Document Name of Debtor(s): Tony DePinto
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X s/ Tony DePinto _____ Signature of Debtor Tony DePinto</p> <p>X Not Applicable _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>11/18/2015 _____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X Not Applicable _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>
<p style="text-align: center;">Signature of Attorney</p> <p>X s/James A. Kamide _____ Signature of Attorney for Debtor(s)</p> <p>James A. Kamide Bar No. 6191608 _____ Printed Name of Attorney for Debtor(s) / Bar No.</p> <p>Law Office of James A. Kamide _____ Firm Name</p> <p>8114 W. Grand Avenue River Grove, IL 60171 _____ Address</p> <p>708-453-5100 708-453-5248 _____ Telephone Number</p> <p>11/18/2015 _____ Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Not Applicable _____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X Not Applicable _____</p> <p>_____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X Not Applicable _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>	

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re Tony DePinto
Debtor

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: s/ Tony DePinto
Tony DePinto

Date: 11/18/2015

James A. Kamide 6191608
Law Office of James A. Kamide
8114 W. Grand Avenue
River Grove, IL 60171

708-453-5100
Attorney for the Petitioner(s)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

Eastern Division

In Re:

Debtor: **Tony DePinto**

Social Security Number: **0968**

Case No:

Chapter **7**

Numbered Listing of Creditors

Creditor name and mailing address		Category of Claim	Amount of Claim
1.	WFF Cards 3201 N 4th Ave Sioux Falls, SD 57104	Unsecured Claims	\$ 3,000.00
2.	WFF Cards 3201 N 4th Ave Sioux Falls, SD 57104	Unsecured Claims	\$ 4,842.00
3.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00
4.	Affirmative Premium Finance 7163 Florida Blvd Baton Rouge, LA 70806	Unsecured Claims	\$ 58.14
5.	AmTrust North America P.O. Box 105074 Atlanta, AA 30348-5074	Unsecured Claims	\$ 10.00

In re: **Tony DePinto**

Case No. _____

6.	Armour System 1700 Kiefer Dr., Ste 1 Zion, IL 60099	Unsecured Claims	\$ 200.00
7.	Armour System 1700 Kiefer Dr., Ste 1 Zion, IL 60099	Unsecured Claims	\$ 50.00
8.	Armour System 1700 Kiefer Dr., Ste 1 Zion, IL 60099	Unsecured Claims	\$ 200.00
9.	Assoc for Family Dentistry Chgo 183 S. Bloomingdale RD, Ste 3 Bloomingdale, IL 60108-1466	Unsecured Claims	\$ 205.00
10.	BAC Home Loans Servicing fka Countrywide c/o Fisher and Shapiro, Attorneys 2121 Waukegan Rd, Suite 301 Bannockburn, IL 60015 tel 847-291-1717	Unsecured Claims	\$ 231,453.68
11.	Bank of America 4161 Piedmont Pkwy Greensboro, NC 27410	Unsecured Claims	\$ 8,801.00
12.	Bank of America PO Box 961129 Fort Worth, TX 96161	Unsecured Claims	\$ 201,184.15
13.	Cap One PO Box 85520 Richmond, VA 23285	Unsecured Claims	\$ 2,516.00
14.	Cap One PO Box 85520 Richmond, VA 23285	Unsecured Claims	\$ 1,670.00

In re: **Tony DePinto**

Case No. _____

15.	Capital One Bank (USA) NA c/o Blatt, Hassenmiller Attorneys 125 S. Wacker Dr., Suite 400 Chicago, IL 60606-4440	Unsecured Claims	\$ 2,366.36
16.	Capital One Services Inc. PO Box 30278 Salt Lake City, UT 84130-0278	Unsecured Claims	\$ 100.00
17.	CB/Harlam Furn PO Box 182789 Columbus, OH 43218	Unsecured Claims	\$ 250.00
18.	CCR Services 6100 Channingway Boulevard # 606 Columbus, OH 43232	Unsecured Claims	\$ 200.00
19.	Chase P.O. Box 15298 Wilmington, DE 19850	Unsecured Claims	\$ 356.00
20.	Chase PO Box 15298 Wilmington, DE 19850	Unsecured Claims	\$ 4,541.00
21.	Chase Manhattan Mortgage PO Box 24696 Columbus, OH 43224	Unsecured Claims	\$ 104,849.00
22.	Christine Matzke 102 Marion Ave Twin Lakes, WI 53181	Unsecured Claims	\$ 1.00
23.	City of Chicago Linebarger Goggan Blair & Sampson PO Box 06152 Chicago, IL 60606-0152	Unsecured Claims	\$ 268.40

In re: **Tony DePinto**

Case No. _____

24.	Comcast P.O. Box 3002 South Eastern, PA 19398-3002	Unsecured Claims	\$ 285.87
25.	ComEd P.O. Box 6111 Carol Stream, IL 60197	Unsecured Claims	\$ 112.91
26.	Comenity Bank / Value City PO Box 182273	Unsecured Claims	\$ 3,055.00
27.	Commercial Rcvys Sys 8035 E. RL Thornton Dallass, TX 75228	Unsecured Claims	\$ 10.00
28.	Cook County Dept of Revenue Non-retailer Use Tax 26335 Network Place Chicago, IL 60673	Unsecured Claims	\$ 175.00
29.	CVF Consumer Acquisition c/o Baker & Miller 29 N. Wacker Drive, Suite 500 Chicago, IL 60606	Unsecured Claims	\$ 4,082.82
30.	Delnor Hospital 300 Randall Rd. Geneva, IL 60134	Unsecured Claims	\$ 6,000.00
31.	Educational Job Training DBA PO Box 1246 San Ramon, CA 94583-6246	Unsecured Claims	\$ 297.62
32.	EMS LLC PO Box 870292 Kansas City, MO 64187-0292	Unsecured Claims	\$ 389.00

In re: **Tony DePinto**

Case No. _____

33.	Fisher and Shapiro Attorneys 2121 Waukegan Road, Suite 301 Bannockburn, IL 60015	Unsecured Claims	\$ 1,500.00
34.	flagstar Bank 5151 Corporate Dr Troy, MI 48098	Unsecured Claims	\$ 104,849.00
35.	GECRB/ABT PO Box 981439 El Paso, TX 79998	Unsecured Claims	\$ 3,000.00
36.	GECRB/ABT PO Box 981439 El Paso, TX 79998	Unsecured Claims	\$ 3,000.00
37.	GECRB/JCP PO Box 984100 El Paso, TX 79998	Unsecured Claims	\$ 86.00
38.	Geneva Fire Department 200 East Side Drive Geneva, IL 60134	Unsecured Claims	\$ 800.00
39.	GlenOaks Hospital PO Box 1965 Southgate, MI 48195-0965	Unsecured Claims	\$ 77.72
40.	GOODYR/CBNA PO Box 6497 Sioux Falls, SD 57117	Unsecured Claims	\$ 802.00
41.	Gottlieb Memorial Hospital PO Box 74867 Chicago, IL 60694-4867	Unsecured Claims	\$ 1,861.83

In re: **Tony DePinto**

Case No. _____

42.	Harlem Furniture aka The RoomPlace 2525 N. Harlem Chicago, IL 60707	Unsecured Claims	\$ 1,289.18
43.	HR/Bestbuy P.O. Box 6985 Bridgewater, NY	Unsecured Claims	\$ 890.00
44.	HSBC / BESTBUY PO Box 5253 Carol Stream, IL 60197	Unsecured Claims	\$ 1,327.00
45.	HSBC BANK PO Box 5253 Carol Stream, IL 60197	Unsecured Claims	\$ 2,155.00
46.	HSBC BANK PO Box 5253 Carol Stream, IL 60197	Unsecured Claims	\$ 2,660.00
47.	I C System Inc. PO Box 64378 Saint Paul, MN 55164	Unsecured Claims	\$ 396.00
48.	I.C. System, Inc. 444 Highway 96 East PO Box 64437 St. Paul, MN 55164-0437	Unsecured Claims	\$ 389.00
49.	Illinois Dept of Healthcare 509 S. 6th St. Springfield, IL 62701	Unsecured Claims	\$ 9,874.00
50.	Illinois Emergency Medicine PO Box 366 Hinsdale, IL 60522	Unsecured Claims	\$ 396.00

In re: **Tony DePinto**

Case No. _____

51.	Loyola University Medical Center PO Box 3266 Milwaukee, WI 53201-3266	Unsecured Claims	\$ 88.00
52.	LVNV Funding Inc. PO Box 10497 Greenville, SC 29603	Unsecured Claims	\$ 4,294.00
53.	LVNV Funding LLC PO Box 390846 Minneapolis, MN 55439	Unsecured Claims	\$ 4,318.80
54.	Mark's Quality Landscaping 1639 N. 23rd Ave Melrose Park, IL 60160	Unsecured Claims	\$ 240.00
55.	Medallion Construction Inc. 112 Glenridge Land Schaumburg, IL 60193	Unsecured Claims	\$ 10.00
56.	Medicredit Inc. PO Box 411187 St. Louis, MO 63141	Unsecured Claims	\$ 3,692.00
57.	Medicredit Inc. PO Box 411187 St. Louis, MO 63141	Unsecured Claims	\$ 3,943.56
58.	Merchants Credit Guide Co Executive Offices 223 W. Jackson Blvd, #700 Chicago, IL 60606	Unsecured Claims	\$ 396.00
59.	Nicor PO Box 5407 Carol Stream, IL 60197	Unsecured Claims	\$ 417.09

In re: **Tony DePinto**

Case No. _____

60.	Northwest Collectors 3601 W. Algonquin Rd Rolling Meadows, IL 60008	Unsecured Claims	\$ 200.00
61.	Northwest Collectors 3601 W. Algonquin Rd Rolling Meadows, IL 60008	Unsecured Claims	\$ 200.00
62.	Northwest Collectors Inc. 3601 Algonquin Road, Suite 232 Rolling Meadows, IL 60008-3106	Unsecured Claims	\$ 200.00
63.	Northwest Financial 3620 Frederick Ave St. Joseph, MO 64506	Unsecured Claims	\$ 405.00
64.	Page1 Search PO Box 36115 Richmond, VA 23235	Unsecured Claims	\$ 56.81
65.	Pinacle Credit Service 7900 Highway 7 #100 Stint Louis Park, MN 55426	Unsecured Claims	\$ 6,735.00
66.	Pro Collect 12170 Abrams Rd., Ste 100 Dallas, TX 75243	Unsecured Claims	\$ 660.00
67.	Pro Collect 12170 Abrams Rd., Ste 100 Dallas, TX 75243	Unsecured Claims	\$ 619.00
68.	Racine County Child Support Dept 818 Sixth St., Suite 2 Racine, WI 53403	Unsecured Claims	\$ 1,000.00

In re: **Tony DePinto**

Case No. _____

69.	Robert J. Baratki Attorney at Law 420 Main Street Racine, WI 53403	Unsecured Claims	\$ 10.00
70.	Rush Copley Medical Center PO Box 12619 Chicago, IL 60612-0619	Unsecured Claims	\$ 139.02
71.	SLS - Specialized Loan Servicing LLC 8742 Lucent Boulevard, Suite 300 Highland Ranch, CO 80129	Unsecured Claims	\$ 321,000.00
72.	Standard Guaranty Insurance Co PO Box 50355 Atlanta, GA 30302	Unsecured Claims	\$ 1,813.00
73.	State Collection Service 2509 S. Stoughton Rd. Madison, WI 53716	Unsecured Claims	\$ 369.00
74.	State Collection Service 2509 S. Stoughton Rd. Madison, WI 53716	Unsecured Claims	\$ 181.00
75.	Target N.B. PO Box 673 Minneapolis, MN 55440	Unsecured Claims	\$ 300.00
76.	THD/CBNA PO Box 6497 Sioux Falls, SD 57117	Unsecured Claims	\$ 5,555.00
77.	Union Workers Credit Union 1327 Empire Central, Suite 130 Dallas, TX 75247	Unsecured Claims	\$ 37.00

In re: **Tony DePinto**

Case No. _____

78.	URO Partners 3183 Paysphere Circle Chicago, IL 60674	Unsecured Claims	\$ 300.00
79.	Village of Bellwod Photo Enforcement Program 75 Remittance Dr, Ste 6658 Chicago, IL 60675-6658	Unsecured Claims	\$ 100.00
80.	Village of Bellwod / MSCI Photo Enforcement Program 75 Remittance Dr, Ste 6658 Chicago, IL 60675-6658	Unsecured Claims	\$ 200.00
81.	Village of Bellwod / MSCI Photo Enforcement Program 75 Remittance Dr, Ste 6658 Chicago, IL 60675-6658	Unsecured Claims	\$ 200.00
82.	Village of Bellwod / MSCI Photo Enforcement Program 75 Remittance Dr, Ste 6658 Chicago, IL 60675-6658	Unsecured Claims	\$ 200.00
83.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 35.00
84.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00
85.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 200.00
86.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 35.00

In re: **Tony DePinto**

Case No. _____

87.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00
88.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 200.00
89.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 100.00
90.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00
91.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00
92.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00
93.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00
94.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00
95.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00

In re: **Tony DePinto**

Case No. _____

96.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00
97.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 65.00
98.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 49.50
99.	Village of Melrose Park PO Box 1506 Melrose Park, IL 60160	Unsecured Claims	\$ 200.00
100.	Wells Fargo Bank NA PO Box 3908 Portland, OR 97208	Unsecured Claims	\$ 3,918.06
101.	WF Finance 589 N. York Rd Elmhurst, IL 60126	Unsecured Claims	\$ 4,890.00
102.	WF Financial 2501 Seaport Dr. Ste BH30 Chester, PA 19013	Unsecured Claims	\$ 16,726.00
103.	WF Financial 2501 Seaport Dr. Ste BH30 Chester, PA 19013	Unsecured Claims	\$ 5,000.00
104.	WFDS/WDS PO Box 1697 Winterville, NC 28590	Unsecured Claims	\$ 5,552.00

In re: **Tony DePinto**

Case No. _____

105 .	Wisconsin Dept Children & Families WI SCTF Box 07914 Milwaukee, WI 53207	Unsecured Claims	\$ 375.00
106 .	World Financial Network NA 323 W. Lakeside Ave, Ste 200 Cleveland, OH 44113-1009	Unsecured Claims	\$ 4,811.47

In re: **Tony DePinto**

Case No. _____

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Tony DePinto**, named as debtor in this case, declare under penalty of perjury that I have have read the foregoing Numbered Listing of Creditors, consisting of **13 sheets** (not including this declaration), and that it is true to the best of my information and belief.

Signature: **s/ Tony DePinto**
Tony DePinto

Dated: **11/18/2015**

B6A (Official Form 6A) (12/07)

In re: **Tony DePinto**
Debtor

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total			0.00	

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)

In re Tony DePinto Case No. _____
Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		cash		100.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Chase Bank		100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		bedroom set		200.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		clothes		50.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Painters Union		0.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re Tony DePinto Case No. _____
Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2004 Ford van		1,600.00
Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Ford Focus		2,400.00
Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Harley Davidson		2,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re Tony DePinto,
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
<u>2</u> continuation sheets attached			Total >	\$ 6,450.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (12/07)

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds
\$136,875

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2004 Ford van	735 ILCS 5/12-1001(b)	1,600.00	1,600.00
2005 Ford Focus	735 ILCS 5/12-1001(c)	2,400.00	2,400.00
2005 Harley Davidson	735 ILCS 5/12-1001(b)	2,000.00	2,000.00
bedroom set	735 ILCS 5/12-1001(b)	200.00	200.00
cash	735 ILCS 5/12-1001(b)	100.00	100.00
Chase Bank	735 ILCS 5/12-1001(b)	100.00	100.00
clothes	735 ILCS 5/12-1001(a),(e)	0.00	50.00
Painters Union	735 ILCS 5/12-704	0.00	0.00

In re Tony DePinto, Debtor

Case No. _____ (If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.			VALUE					

0 continuation sheets attached

Subtotal >
(Total of this page)

Total >
(Use only on last page)

\$	0.00	\$	0.00
\$	0.00	\$	0.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (12/07)

In re Tony DePinto

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (12/07) – Cont.

In re Tony DePinto,
Debtor

Case No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									\$0.00

Sheet no. 1 of 1 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals >
(Totals of this page)

\$	0.00	\$	0.00	\$	0.00
\$	0.00				
		\$	0.00	\$	0.00

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities
and Related Data.)

B6F (Official Form 6F) (12/07)

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. IL-334605 Affirmative Premium Finance 7163 Florida Blvd Baton Rouge, LA 70806		goods and services				58.14
ACCOUNT NO. AmTrust North America P.O. Box 105074 Atlanta, AA 30348-5074		goods and services				10.00
ACCOUNT NO. 1002446422 Armour System 1700 Kiefer Dr., Ste 1 Zion, IL 60099		fee, Franklin Park				200.00
ACCOUNT NO. 1002863073 Armour System 1700 Kiefer Dr., Ste 1 Zion, IL 60099		City of Rolling Meadows ordinance fee				200.00
ACCOUNT NO. 1002785054 Armour System 1700 Kiefer Dr., Ste 1 Zion, IL 60099		fee, Deerfield				50.00

23 Continuation sheets attached

Subtotal >	\$ 518.14
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2642 Assoc for Family Dentistry Chgo 183 S. Bloomingdale RD, Ste 3 Bloomington, IL 60108-1466		goods and services				205.00
ACCOUNT NO. 10 CH 13281 BAC Home Loans Servicing fka Countrywide c/o Fisher and Shapiro, Attorneys 2121 Waukegan Rd, Suite 301 Bannockburn, IL 60015 tel 847-291-1717		mortgage loan				231,453.68
ACCOUNT NO. Bank of America 4161 Piedmont Pkwy Greensboro, NC 27410		goods and services mortgage loan				8,801.00
ACCOUNT NO. 022527015 Bank of America PO Box 961129 Fort Worth, TX 96161		loan				201,184.15
ACCOUNT NO. Cap One PO Box 85520 Richmond, VA 23285		Judgment in case number 10 M1 118007 in amount of \$1670.00				1,670.00

Sheet no. 1 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 443,313.83
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Cap One PO Box 85520 Richmond, VA 23285		goods and services				2,516.00
ACCOUNT NO. 2429105						
Capital One Bank (USA) NA c/o Blatt, Hassenmiller Attorneys 125 S. Wacker Dr., Suite 400 Chicago, IL 60606-4440 Blatt, Hassenmiller attorneys 125 S. Wacker Dr., Suite 400 Chicago, IL 60606		goods and services				2,366.36
ACCOUNT NO. *****6028						
Capital One Services Inc. PO Box 30278 Salt Lake City, UT 84130-0278		goods and services				100.00
ACCOUNT NO.						
CB/Harlam Furn PO Box 182789 Columbus, OH 43218		goods and services				250.00

Sheet no. 2 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal	>	\$	5,232.36
Total	>	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
CCR Services 6100 Channingway Boulevard # 606 Columbus, OH 43232		fee due City of Lyons				200.00
Village of Lyons 4200 Lawndale Avenue Lyons, IL 60534						
ACCOUNT NO.						
Chase PO Box 15298 Wilmington, DE 19850		goods and services Judgment entered on 8-11-09 in case number 09 M1 151633				4,541.00
ACCOUNT NO.						
Chase P.O. Box 15298 Wilmington, DE 19850		goods and services				356.00
ACCOUNT NO.						
Chase Manhattan Mortgage PO Box 24696 Columbus, OH 43224		mortgage				104,849.00

Sheet no. 3 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal	>	\$	109,946.00
Total	>	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						1.00
Christine Matzke 102 Marion Ave Twin Lakes, WI 53181		child support and other goods and services, court costs, attorney fees				
ACCOUNT NO. 9179622056						268.40
City of Chicago Linebarger Goggan Blair & Sampson PO Box 06152 Chicago, IL 60606-0152		finances and fees				
ACCOUNT NO. 8771201680036039						285.87
Comcast P.O. Box 3002 South Eastern, PA 19398-3002		services				
ACCOUNT NO. 5149488018						112.91
ComEd P.O. Box 6111 Carol Stream, IL 60197		electric services				
ACCOUNT NO.						3,055.00
Comenity Bank / Value City PO Box 182273		goods and services				

Sheet no. 4 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 3,723.18
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Commercial Rcvys Sys 8035 E. RL Thornton Dallass, TX 75228		goods and services				10.00
ACCOUNT NO.						
Cook County Dept of Revenue Non-retailer Use Tax 26335 Network Place Chicago, IL 60673		use tax assessed on customer 550703, title number X3318685310				175.00
ACCOUNT NO. 12-05684						
CVF Consumer Acquisition c/o Baker & Miller 29 N. Wacker Drive, Suite 500 Chicago, IL 60606		goods and services				4,082.82
Baker & Miller, Attorney 29 N. Wacker Drive, Suite 500 Chicago, IL 60606						
ACCOUNT NO.						
Delnor Hospital 300 Randall Rd. Geneva, IL 60134		medical services				6,000.00

Sheet no. 5 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal	>	\$	10,267.82
Total	>	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 75954 Educational Job Training DBA PO Box 1246 San Ramon, CA 94583-6246 Financial Recovery Services PO Box 1246 San Ramon, CA 94583-6246		goods and services				297.62
ACCOUNT NO. EMS LLC PO Box 870292 Kansas City, MO 64187-0292		goods and services				389.00
ACCOUNT NO. Fisher and Shapiro Attorneys 2121 Waukegan Road, Suite 301 Bannockburn, IL 60015		legal services, costs, expenses				1,500.00
ACCOUNT NO. flagstar Bank 5151 Corporate Dr Troy, MI 48098		mortgage				104,849.00

Sheet no. 6 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 107,035.62
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
GECRB/ABT PO Box 981439 El Paso, TX 79998		goods and services				3,000.00
ACCOUNT NO.						
GECRB/ABT PO Box 981439 El Paso, TX 79998		goods and services				3,000.00
ACCOUNT NO.						
GECRB/JCP PO Box 984100 El Paso, TX 79998		goods and services				86.00
ACCOUNT NO.						
Geneva Fire Department 200 East Side Drive Geneva, IL 60134		ambulance and paramedic services				800.00
ACCOUNT NO. 2266684						
GlenOaks Hospital PO Box 1965 Southgate, MI 48195-0965		goods and services				77.72

Sheet no. 7 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 6,963.72
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
GOODYR/CBNA PO Box 6497 Sioux Falls, SD 57117		goods and services				802.00
ACCOUNT NO. 238583000011						
Gottlieb Memorial Hospital PO Box 74867 Chicago, IL 60694-4867		goods and services				1,861.83
ACCOUNT NO. PINTT621Z9						
Harlem Furniture aka The RoomPlace 2525 N. Harlem Chicago, IL 60707		goods and services				1,289.18
ACCOUNT NO.						
HR/Bestbuy P.O. Box 6985 Bridgewater, NY		goods and services				890.00
ACCOUNT NO.						
HSBC / BESTBUY PO Box 5253 Carol Stream, IL 60197		goods and services				1,327.00

Sheet no. 8 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 6,170.01
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
HSBC BANK PO Box 5253 Carol Stream, IL 60197		Best Buy goods and services				2,155.00
ACCOUNT NO.						
HSBC BANK PO Box 5253 Carol Stream, IL 60197		goods and services				2,660.00
ACCOUNT NO.						
I C System Inc. PO Box 64378 Saint Paul, MN 55164		medical				396.00
ACCOUNT NO. 52179078-1-49						
I.C. System, Inc. 444 Highway 96 East PO Box 64437 St. Paul, MN 55164-0437		EMS debt, goods and services				389.00
Shapiro Kreisman & Assoc 2121 Waukegan Rd, Suite 301 Bannockburn, IL 60015						

Sheet no. 9 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 5,600.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Illinois Dept of Healthcare 509 S. 6th St. Springfield, IL 62701		goods and services				9,874.00
ACCOUNT NO. 0033374						
Illinois Emergency Medicine PO Box 366 Hinsdale, IL 60522		goods and services				396.00
ACCOUNT NO. 2385830						
Loyola University Medical Center PO Box 3266 Milwaukee, WI 53201-3266		goods and services				88.00
ACCOUNT NO.						
LVNV Funding Inc. PO Box 10497 Greenville, SC 29603		goods and services				4,294.00

Sheet no. 10 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 14,652.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ***** 9872						4,318.80
LVNV Funding LLC PO Box 390846 Minneapolis, MN 55439		goods and services Northland Acct# F1284696 Original Debt: World Financial Network National Bank				
Northland Group Inc. PO Box 390846 Minneapolis, MN 55439						
Weltman						
ACCOUNT NO. 26586						240.00
Mark's Quality Landscaping 1639 N. 23rd Ave Melrose Park, IL 60160		goods and services				
ACCOUNT NO.						10.00
Medallion Construction Inc. 112 Glenridge Land Schaumburg, IL 60193		goods and services				
ACCOUNT NO. 111945952						3,943.56
Medicredit Inc. PO Box 411187 St. Louis, MO 63141		goods and services Acct# 9079872 Acct# 502277-17				

Sheet no. 11 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 8,512.36
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Medicredit Inc. PO Box 411187 St. Louis, MO 63141		goods and services, medical				3,692.00
ACCOUNT NO. 3374						
Merchants Credit Guide Co Executive Offices 223 W. Jackson Blvd, #700 Chicago, IL 60606		goods and services Illinois Emergency Medical Specialists File: 08-133362182				396.00
ACCOUNT NO. 4060980000						
Nicor PO Box 5407 Carol Stream, IL 60197		natural gas service				417.09
ACCOUNT NO.						
Northwest Collectors 3601 W. Algonquin Rd Rolling Meadows, IL 60008		fees, Bensenville				200.00
ACCOUNT NO.						
Northwest Collectors 3601 W. Algonquin Rd Rolling Meadows, IL 60008		fees, Bensenville				200.00

Sheet no. 12 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 4,905.09
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Northwest Collectors Inc. 3601 Algonquin Road, Suite 232 Rolling Meadows, IL 60008-3106		Bensenville claim against debtor				200.00
ACCOUNT NO.						
Northwest Financial 3620 Frederick Ave St. Joseph, MO 64506		medical				405.00
ACCOUNT NO.						
Page1 Search PO Box 36115 Richmond, VA 23235		goods and services				56.81
ACCOUNT NO.						
Pinacle Credit Service 7900 Highway 7 #100 Stint Louis Park, MN 55426		goods and services				6,735.00
ACCOUNT NO.						
Pro Collect 12170 Abrams Rd., Ste 100 Dallas, TX 75243		goods and services				619.00

Sheet no. 13 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	8,015.81
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Pro Collect 12170 Abrams Rd., Ste 100 Dallas, TX 75243		goods and services				660.00
ACCOUNT NO.						
Racine County Child Support Dept 818 Sixth St., Suite 2 Racine, WI 53403		child support, court costs, attorney fees, other expenses				1,000.00
ACCOUNT NO.						
Robert J. Baratki Attorney at Law 420 Main Street Racine, WI 53403		legal services, costs, expenses				10.00
ACCOUNT NO. 1329337						
Rush Copley Medical Center PO Box 12619 Chicago, IL 60612-0619		goods and services				139.02
Diversified Services Group 1824 W. Grand Ave, Ste 200 Chicago, IL 60622						

Sheet no. 14 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	1,809.02
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1007953753 SLS - Specialized Loan Servicing LLC 8742 Lucent Boulevard, Suite 300 Highland Ranch, CO 80129		loan				321,000.00
ACCOUNT NO. 1007953753 Standard Guaranty Insurance Co PO Box 50355 Atlanta, GA 30302		goods and services				1,813.00
ACCOUNT NO. State Collection Service 2509 S. Stoughton Rd. Madison, WI 53716		medical				369.00
ACCOUNT NO. State Collection Service 2509 S. Stoughton Rd. Madison, WI 53716		medical				181.00
ACCOUNT NO. Target N.B. PO Box 673 Minneapolis, MN 55440		goods and services				300.00

Sheet no. 15 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 323,663.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
THD/CBNA PO Box 6497 Sioux Falls, SD 57117		goods and services				5,555.00
ACCOUNT NO.						
Union Workers Credit Union 1327 Empire Central, Suite 130 Dallas, TX 75247		goods and services				37.00
ACCOUNT NO. 1548390						
URO Partners 3183 Paysphere Circle Chicago, IL 60674		goods and services				300.00
ACCOUNT NO. 1700100190157076						
Village of Bellwod Photo Enforcement Program 75 Remittance Dr, Ste 6658 Chicago, IL 60675-6658		fees				100.00
ACCOUNT NO.						
Village of Bellwod / MSCI Photo Enforcement Program 75 Remittance Dr, Ste 6658 Chicago, IL 60675-6658		fees				200.00

Sheet no. 16 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 6,192.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Village of Bellwod / MSCI Photo Enforcement Program 75 Remittance Dr, Ste 6658 Chicago, IL 60675-6658		fees				200.00
ACCOUNT NO.						
Village of Bellwod / MSCI Photo Enforcement Program 75 Remittance Dr, Ste 6658 Chicago, IL 60675-6658		fees				200.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		Fees, #647746				35.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees, PT544367				65.00

Sheet no. 17 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 500.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160 Heller and Frisone LTD, Attorney 33 N. LaSalle St., Ste 1200 Chicago, IL 60602		fees, #210332312				200.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees, #615382				35.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees, P624370				65.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees #4DYD8ZW7				100.00

Sheet no. 18 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	400.00
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees, #43JKFVY7				200.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		Fees, P 0546592				65.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		Fees, P0546595				65.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees, 49862FF				65.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees #P0546592				65.00

Sheet no. 19 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	460.00
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		Fees, #47BEH5JQ				200.00
ACCOUNT NO. 225480-001						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		water bill				49.50
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees, P0562399				65.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees, #P0544367				65.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees, P0546594				65.00

Sheet no. 20 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	444.50
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees, P0546595				65.00
ACCOUNT NO.						
Village of Melrose Park PO Box 1506 Melrose Park, IL 60160		fees, P0546594				65.00
ACCOUNT NO. *****0968						
Wells Fargo Bank NA PO Box 3908 Portland, OR 97208		goods and services				3,918.06
ACCOUNT NO.						
WF Finance 589 N. York Rd Elmhurst, IL 60126		goods and services				4,890.00
ACCOUNT NO.						
WF Financial 2501 Seaport Dr. Ste BH30 Chester, PA 19013		goods and services				16,726.00

Sheet no. 21 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	25,664.06
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
WF Financial 2501 Seaport Dr. Ste BH30 Chester, PA 19013		goods and services				5,000.00
ACCOUNT NO.						
WFDS/WDS PO Box 1697 Winterville, NC 28590		goods and services				5,552.00
ACCOUNT NO.						
WFF Cards 3201 N 4th Ave Sioux Falls, SD 57104		goods and services				3,000.00
ACCOUNT NO.						
WFF Cards 3201 N 4th Ave Sioux Falls, SD 57104		goods and services				4,842.00
ACCOUNT NO. 01PA712						
Wisconsin Dept Children & Families WI SCTF Box 07914 Milwaukee, WI 53207		child support Docket #263716 Wisconsin Circuit Court				375.00

Sheet no. 22 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 18,769.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 20031872						4,811.47
World Financial Network NA 323 W. Lakeside Ave, Ste 200 Cleveland, OH 44113-1009 Weltman, Weinbert & Reis Co 323 W. Lakeside, Ste 200 Cleveland, OH 44113-1009		goods and services LVNV Funding LLC				

Sheet no. 23 of 23 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 4,811.47
Total >	\$ 1,117,568.99

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re: Tony DePinto
Debtor

Case No. _____
(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re: **Tony DePinto**
Debtor

Case No. _____
(If known)

SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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In re **Tony DePinto**

Case No. _____

Debtor

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: divorced	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): son	AGE(S): 13
Employment:	DEBTOR	SPOUSE
Occupation	unemployed painter	
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions
(Prorate if not paid monthly.)

\$ 0.00 \$ _____

2. Estimate monthly overtime

\$ 0.00 \$ _____

3. SUBTOTAL

\$ 0.00 \$ _____

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 0.00 \$ _____

b. Insurance

\$ 0.00 \$ _____

c. Union dues

\$ 0.00 \$ _____

d. Other (Specify) _____

\$ 0.00 \$ _____

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0.00 \$ _____

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 0.00 \$ _____

7. Regular income from operation of business or profession or farm
(Attach detailed statement)

\$ 0.00 \$ _____

8. Income from real property

\$ 0.00 \$ _____

9. Interest and dividends

\$ 0.00 \$ _____

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00 \$ _____

11. Social security or other government assistance
(Specify) _____

\$ 0.00 \$ _____

12. Pension or retirement income

\$ 0.00 \$ _____

13. Other monthly income

(Specify) **helping sick mother and some painting**

\$ 1,000.00 \$ _____

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 1,000.00 \$ _____

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 1,000.00 \$ _____

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 1,000.00

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

when I get a job, I hope to earn more money

B6J (Official Form 6J) (12/07)

In re Tony DePinto

Debtor

Case No. _____
(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>0.00</u>
a. Are real estate taxes included? Yes _____ No <u>✓</u>		
b. Is property insurance included? Yes _____ No <u>✓</u>		
2. Utilities: a. Electricity and heating fuel	\$	<u>0.00</u>
b. Water and sewer	\$	<u>0.00</u>
c. Telephone	\$	<u>100.00</u>
d. Other _____	\$	<u>0.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>0.00</u>
4. Food	\$	<u>200.00</u>
5. Clothing	\$	<u>50.00</u>
6. Laundry and dry cleaning	\$	<u>0.00</u>
7. Medical and dental expenses	\$	<u>0.00</u>
8. Transportation (not including car payments)	\$	<u>100.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>0.00</u>
10. Charitable contributions	\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>0.00</u>
b. Life	\$	<u>0.00</u>
c. Health	\$	<u>100.00</u>
d. Auto	\$	<u>83.00</u>
e. Other _____	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>0.00</u>
b. Other _____	\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>325.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other _____	\$	<u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<u>958.00</u>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>1,000.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>958.00</u>
c. Monthly net income (a. minus b.)	\$	<u>42.00</u>

United States Bankruptcy Court
Northern District of Illinois
Eastern Division

In re Tony DePinto
Debtor

Case No. _____
Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$ 958.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In re **Tony DePinto**
Debtor

Case No. _____
Chapter **7**

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$
4. Total from Schedule F		\$1,109,752.12
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$1,109,752.12

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In re **Tony DePinto**,
Debtor

Case No. _____
Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	NO	1	\$ 0.00		
B - Personal Property	YES	3	\$ 6,450.00		
C - Property Claimed as Exempt	NO	1			
D - Creditors Holding Secured Claims	YES	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	24		\$ 1,117,568.99	
G - Executory Contracts and Unexpired Leases	NO	1			
H - Codebtors	NO	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 1,000.00
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 958.00
TOTAL		36	\$ 6,450.00	\$ 1,117,568.99	

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re Tony DePinto
Debtor

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ **38** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 11/18/2015

Signature: s/ Tony DePinto
Tony DePinto

Debtor

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

B7 (Official Form 7) (12/07)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: **Tony DePinto** Case No. _____
Debtor (If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
8,272.00	Medallion Construction	2010-11
11,025.00	unemployment	2011-13
1,602.00	Heritage Painting	2014
5,050.00	Gaelic & Garlic Decorating	2014

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
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3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
AT&T	March 2015	100.00	0.00
Comcast	Jan 2015	200.00	500.00
Comed	Dec 2014	200.00	480.00

None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
Christine M. Matzke	March 2015, Child Support	1,300.00	

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATIO	STATUS OR DISPOSITION
RBS Financial Products Inc. v. Tony Depinto 10 CH 13281	foreclosure	Circuit Court of Cook County, IL	sheriff's sale concluded

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
RBS Financial Products Inc.	04/19/2015	Duplex real estate, no value, foreclosure, bank took possession of duplex

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Law Office of James A. Kamide 8114 W. Grand Avenue River Grove, IL 60171	4-23-14	\$650
	5-16-14	\$500
	1-16-15	\$700
	1-14-15	\$800

10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Unknown stranger	03/01/2015	furniture \$2,000.00
unknown stranger	03/01/2015	paintings \$2,000.00

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR INTEREST IN PROPERTY
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11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	--	--

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITOR	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	--	-------------------------------	---

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	-------------------	---------------------

14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	-----------------------	-------------------------------

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 11/18/2015

Signature
of Debtor

s/ Tony DePinto
Tony DePinto

B 8 (Official Form 8) (12/08)

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re Tony DePinto
Debtor

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. *(Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)*

Property No. 1	
Creditor's Name: None	Describe Property Securing Debt:
<p>Property will be <i>(check one)</i>:</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to <i>(check at least one)</i>:</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f))</p> <p>Property is <i>(check one)</i>:</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B – Personal property subject to unexpired leases. *(All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)*

Property No. 1		
Lessor's Name: None	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

0 continuation sheets attached *(if any)*

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 11/18/2015

s/ Tony DePinto
Tony DePinto
Signature of Debtor

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

Exhibit "C"

[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]

In re: **Tony DePinto**

Case No.:

Chapter: **7**

Debtor(s)

Exhibit "C" to Voluntary Petition

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

N/A

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

N/A

**STATEMENT OF SOCIAL-SECURITY NUMBER OR
INDIVIDUAL TAXPAYER-IDENTIFICATION NUMBER (ITIN)**

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re Tony DePinto, Debtor) Case No. _____
) Chapter 7
)
Address: 710 Maple Lane)
Geneva, IL 60134)
)
)
Last four digits of Social-Security or Individual Taxpayer-)
Identification (ITIN) No(s), (if any): 0968)
Employer Tax-Identification (EIN) No(s), (if any):)
)
)

**STATEMENT OF SOCIAL-SECURITY NUMBER(S)
(or other Individual Taxpayer-Identification Number(s) (ITIN(s)))**

1. Name of Debtor (Last, First, Middle): DePinto, Tony,

(Check the appropriate box and, if applicable, provide the required information.)

- ☒ Debtor has a Social-Security Number and it is: xxx - xx - 0968
(If more than one, state all.)
- ☐ Debtor does not have a Social-Security Number but has an Individual Taxpayer-Identification Number (ITIN), and it is: _____
(if more than one, state all.)
- ☐ Debtor does not have either a Social-Security Number or an Individual Taxpayer-Identification Number (ITIN).

2. Name of Joint Debtor (Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

- ☐ Joint Debtor has a Social-Security Number and it is: _____ - _____ - _____
(If more than one, state all.)
- ☐ Joint Debtor does not have a Social-Security Number but has an Individual Taxpayer-Identification Number (ITIN), and it is: _____
(if more than one, state all.)
- ☐ Joint Debtor does not have either a Social-Security Number or an Individual Taxpayer-Identification Number (ITIN).

I declare under penalty of perjury that the foregoing is true and correct.

X s/ Tony DePinto 11/18/2015
Tony DePinto
Signature of Debtor Date

B22A (Official Form 22A) (Chapter 7) (12/08)

In re Tony DePinto
Debtor(s)

Case Number: _____
(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises
☒ The presumption does not arise
☐ The presumption is temporarily inapplicable.

**CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME
AND MEANS-TEST CALCULATION**

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A

Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of Disabled Veteran.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

1B

Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of non-consumer debts.** By checking this box, I declare that my debts are not primarily consumer debts.

1C

Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. **During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.**

☐ **Declaration of Reservists and National Guard Members.** By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard

- a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and
☐ I remain on active duty /or/
☐ I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;
- OR
- b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/
☐ I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

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2

2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p> <p>d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p>												
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>		Column A Debtor's Income	Column B Spouse's Income									
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$0.00	\$									
4	<p>Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">Gross Receipts</td><td style="width: 30%; text-align: right;">\$ 0.00</td></tr> <tr> <td style="text-align: center;">b.</td><td>Ordinary and necessary business expenses</td><td style="text-align: right;">\$ 0.00</td></tr> <tr> <td style="text-align: center;">c.</td><td>Business income</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>		a.	Gross Receipts	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	c.	Business income	Subtract Line b from Line a	\$0.00	\$
a.	Gross Receipts	\$ 0.00											
b.	Ordinary and necessary business expenses	\$ 0.00											
c.	Business income	Subtract Line b from Line a											
5	<p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">Gross Receipts</td><td style="width: 30%; text-align: right;">\$ 0.00</td></tr> <tr> <td style="text-align: center;">b.</td><td>Ordinary and necessary operating expenses</td><td style="text-align: right;">\$ 0.00</td></tr> <tr> <td style="text-align: center;">c.</td><td>Rent and other real property income</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>		a.	Gross Receipts	\$ 0.00	b.	Ordinary and necessary operating expenses	\$ 0.00	c.	Rent and other real property income	Subtract Line b from Line a	\$0.00	\$
a.	Gross Receipts	\$ 0.00											
b.	Ordinary and necessary operating expenses	\$ 0.00											
c.	Rent and other real property income	Subtract Line b from Line a											
6	Interest, dividends, and royalties.		\$0.00	\$									
7	Pension and retirement income.		\$0.00	\$									
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.		\$0.00	\$									
9	<p>Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 20%;">Debtor \$ _____</td> <td style="width: 40%;">Spouse \$ _____</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$	\$						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____											
10	<p>Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;"></td> <td style="width: 30%; text-align: right;">\$</td> </tr> </table>		a.		\$								
a.		\$											

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3

	Total and enter on Line 10.	\$0.00	\$
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).	\$0.00	\$
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 0.00	
Part III. APPLICATION OF § 707(b)(7) EXCLUSION			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$0.00	
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: IL b. Enter debtor's household size: 0		\$
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.		\$			
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td><td style="width: 60%;"></td><td style="width: 35%; text-align: right;">\$</td></tr> </table>		a.		\$	
a.		\$				
	Total and enter on Line 17 .		\$			
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.		\$			
Part V. CALCULATION OF DEDUCTIONS FROM INCOME						
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)						
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$			

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19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2" style="text-align: left;">Household members under 65 years of age</th><th colspan="2" style="text-align: left;">Household members 65 years of age or older</th></tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td><td style="width: 40%;">Allowance per member</td><td style="width: 5%;">a2.</td><td style="width: 40%;">Allowance per member</td></tr> <tr> <td>b1.</td><td>Number of members</td><td>b2.</td><td>Number of members</td></tr> <tr> <td>c1.</td><td>Subtotal</td><td>c2.</td><td>Subtotal</td></tr> </tbody> </table>	Household members under 65 years of age		Household members 65 years of age or older		a1.	Allowance per member	a2.	Allowance per member	b1.	Number of members	b2.	Number of members	c1.	Subtotal	c2.	Subtotal	\$
Household members under 65 years of age		Household members 65 years of age or older																
a1.	Allowance per member	a2.	Allowance per member															
b1.	Number of members	b2.	Number of members															
c1.	Subtotal	c2.	Subtotal															
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).</p>	\$																
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 5%;">a.</td><td style="width: 55%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 40%;">\$</td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.</td><td>\$</td></tr> <tr> <td>c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a</td></tr> </tbody> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$							
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																
b.	Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.	\$																
c.	Net mortgage/rental expense	Subtract Line b from Line a																
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$																
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$																
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$																

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23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									
26	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$									
27	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$									
28	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.</p>	\$									
29	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$									
30	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>	\$									
31	<p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.</p>	\$									
32	<p>Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.</p>	\$									
33	<p>Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.</p>	\$									
<p>Subpart B: Additional Living Expense Deductions</p> <p>Note: Do not include any expenses that you have listed in Lines 19-32</p>											

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34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
	a.	Health Insurance	\$		
	b.	Disability Insurance	\$		
	c.	Health Savings Account	\$		
	Total and enter on Line 34 If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____				\$
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.				\$
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				\$
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.				\$
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				\$
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).				\$
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.				\$
Subpart C: Deductions for Debt Payment					
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.				
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no
Total: Add Lines a, b and c					\$

43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
	Total: Add Lines a, b and c			\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.			\$
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly Chapter 13 plan payment.	\$	
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	
	c.	Average monthly administrative expense of Chapter 13 case		
	Total: Multiply Lines a and b			\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			\$
Subpart D: Total Deductions from Income				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.			\$

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))			\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))			\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result			\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.			\$
52	Initial presumption determination. Check the applicable box and proceed as directed.			
	<input type="checkbox"/> The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.			
	<input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.			
	<input type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt			\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.			\$
55	Secondary presumption determination. Check the applicable box and proceed as directed.			
	<input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.			
	<input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.			

Part VII. ADDITIONAL EXPENSE CLAIMS

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Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
	Total: Add Lines a, b, and c	\$

Part VIII: VERIFICATION

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I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this a joint case, both debtors must sign.)*

Date: 11/18/2015

Signature: s/ Tony DePinto

Tony DePinto, (Debtor)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: Tony DePinto
Debtor

Case No. _____
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,650.00</u>
Prior to the filing of this statement I have received	\$	<u>2,650.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

contested litigation

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 11/18/2015

/s/James A. Kamide
James A. Kamide, Bar No. 6191608

Law Office of James A. Kamide
Attorney for Debtor(s)